

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	AIR FILTER
Attorney Docket Number::	8014-1004
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: ATSUSHI  
Middle Name::  
Family Name:: SUZUKI  
City of Residence:: HAMAKITA-SHI  
State or Province of Residence::  
Country of Residence:: JAPAN  
Street of Mailing Address:: 7800, NAKAZE, SHIZUOKA

City of Mailing Address:: HAMAKITA-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 434-0012

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: TOSHINORI  
Middle Name::  
Family Name:: OBA  
City of Residence:: HAMAKITA-SHI  
State or Province of Residence::  
Country of Residence:: JAPAN  
Street of Mailing Address:: 7800, NAKAZE, SHIZUOKA

City of Mailing Address:: HAMAKITA-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 434-0012

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: NORIHIKO  
Middle Name::  
Family Name:: MATSUSHITA  
City of Residence:: HAMAKITA-SHI  
State or Province of Residence::  
Country of Residence:: JAPAN  
Street of Mailing Address:: 7800, NAKAZE, SHIZUOKA

City of Mailing Address:: HAMAKITA-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 434-0012

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: KATSUMI  
Middle Name::  
Family Name:: SUZUKI  
City of Residence:: HAMAKITA-SHI  
State or Province of Residence::  
Country of Residence:: JAPAN  
Street of Mailing Address:: 7800, NAKAZE, SHIZUOKA

City of Mailing Address:: HAMAKITA-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 434-0012

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN

Status:: Full Capacity  
Given Name:: TAKEO  
Middle Name::  
Family Name:: JO  
City of Residence:: TOKUSHIMA-SHI  
State or Province of Residence::  
Country of Residence:: JAPAN  
Street of Mailing Address:: 3-16 HIGASHIDAIKU-MACHI, TOKUSHIMA

City of Mailing Address:: TOKUSHIMA-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 770-0905

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: KATSUMI  
Middle Name::  
Family Name:: OSAKA  
City of Residence:: TOKUSHIMA-SHI  
State or Province of Residence::  
Country of Residence:: JAPAN  
Street of Mailing Address:: 3-16 HIGASHIDAIKU-MACHI, TOKUSHIMA

City of Mailing Address:: TOKUSHIMA-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 770-0905

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
----------------------------------	--------

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/JP01/0426	5/21/01

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name:: TOYO ROKI SEIZO KABUSHIKI  
KAISHA  
Street of Mailing Address:: 7800, NAKAZE, SHIZUOKA  
City of Mailing Address:: HAMAKITA-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 434-0012

**Assignment Information**

Assignee Name:: AWA PAPER MFG. CO., LTD.  
Street of Mailing Address:: 3-16 HIGASHIDAIKU-MACHI, TOKUSHIMA  
City of Mailing Address:: TOKUSHIMA-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 770-0905